

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 53
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Committee to Preserve Social Security & Medicare PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00172296 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 10 G Street, NE Suite 600		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 608.26 </div>	
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure POSTAGE & COPY-IE DISSEMINATION 10/25/12	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Daniel Maffei		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 608.26 </div>	

Transaction ID : 20484846

Full Name (Last, First, Middle Initial) of Payee NCPSSM		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 10 G Street, NE Suite 600		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 640.74 </div>	
City Washington	State DC	Zip Code 20002	
Purpose of Expenditure POSTAGE & COPY-IE DISSEMINATION 10/26/12	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Lois Capps		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 640.74 </div>	

Transaction ID : 20484848

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 1249.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 1249.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Christine Kim

[Electronically Filed]

Date

Signature

M M M / D D D / Y Y Y Y Y Y